

Executive Safety Committee Request Form

Name:
Date of Request:/ Phone Number:
What is the original concern that has prompted this request?
Request (be specific):
What Divisions will this affect (circle all that apply): Water Sewer Solid Waste Other:
How many people will this request affect?
Will this request have an effect on the community or customers? No If Yes, describe how:
What cost implications will be seen by this request?
If there is a cost, what is the frequency (circle one)? Annually Quarterly Monthly Other:
Suggestions on how to implement the request:

Attach copies of any OSHA, EPA, NFPA, NEC, ANSI, etc standards or laws to support your request.